

DEPARTMENT OF COMMERCE AND INSURANCE

TENNESSEE BOARD OF PHARMACY



**BUSINESS APPLICATION  
MANUFACTURERS, WHOLESALERS, DISTRIBUTORS**

ALL MANUFACTURERS, WHOLESALERS, AND DISTRIBUTORS WHO DISTRIBUTE LEGEND DRUGS MEDICAL DEVICES OR CONTROLLED SUBSTANCES IN TENNESSEE TO AUTHORIZED PRESCRIBERS, PHARMACIES, OR THE DEPARTMENT OF HEALTH AND ENVIRONMENT MUST BE LICENSED WITH THE BOARD OF PHARMACY. ALL SALES REPRESENTATIVES EMPLOYED BY YOU WHO DISTRIBUTE CONTROLLED SUBSTANCES (SAMPLES INCLUDED) MUST BE LICENSED WITH THE BOARD OF PHARMACY.

A SEPARATE LICENSE IS REQUIRED FOR EACH LOCATION WHERE DRUGS ARE BEING MANUFACTURED OR DISTRIBUTED.

ANYTIME THERE IS A NAME, LOCATION, OR OWNERSHIP CHANGE, A NEW APPLICATION MUST BE COMPLETED AND SUBMITTED TO THE TENNESSEE BOARD OF PHARMACY ALONG WITH AN APPLICATION FEE.

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THIS APPLICATION MUST BE ACCOMPANIED BY AN APPLICATION FEE OF \$408.00; PLUS \$40.00 (IF HANDLING CONTROLLED SUBSTANCES); LAW BOOK \$10.00 (IF YOU DO NOT HAVE ONE).

ALL OUT-OF-STATE APPLICATIONS MUST BE ACCOMPANIED BY THE MOST RECENT INSPECTION SHEET FROM THE STATE IN WHICH THE BUSINESS IS LOCATED AND A COPY OF THAT STATE'S LICENSE.

MAIL COMPLETED APPLICATION WITH APPROPRIATE FEE AND INFORMATION TO:

**DEPARTMENT OF COMMERCE AND INSURANCE  
TENNESSEE BOARD OF PHARMACY  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-1149  
TELEPHONE #: (615) 741-2718**

**APPLICATION REQUEST FOR:**

New License ☐  
 Name Change ☐  
 Location Change ☐  
 Ownership Change ☐

**TYPE OF LICENSE:**

Manufacturer ☐  
 Wholesaler ☐  
 Distributor ☐

**New Information (Corporate Mailing Address)**\_\_\_\_\_  
*Company Name*\_\_\_\_\_  
*Street*\_\_\_\_\_  
*City State Zip*\_\_\_\_\_  
*Corporate Office Phone Number*\_\_\_\_\_  
*Corporate Contact Person***Distribution Site (Business Address)**\_\_\_\_\_  
*Company Name*\_\_\_\_\_  
*Street (Distribution Site)*\_\_\_\_\_  
*City State Zip*\_\_\_\_\_  
*Telephone Number*

**CORPORATIONS:** Must attach a copy of the Board of Directors with the address of corporation or write in information below -If not a Corporation, please list Owner(s), Partner(s), or Officer(s) address and phone number.

**TYPE OF OWNERSHIP:**

Sole Proprietorship ☐  
 Partnership ☐  
 Corporation ☐  
 Other: \_\_\_\_\_ ☐

**SELL DRUGS TO:**

Wholesaler ☐ Distributors ☐ Community Pharmacies ☐ Hospital Pharmacies ☐  
 Veterinarians ☐ Researchers ☐ Physicians (or practitioners licensed to prescribe) ☐  
 Other (specify) \_\_\_\_\_

County \_\_\_\_\_

Tennessee License No. \_\_\_\_\_

Complete the "Old Information" section below *only* on applications that contain name, ownership or location change.

**Old Information**

(Complete only if currently licensed)

\_\_\_\_\_  
*Company Name*\_\_\_\_\_  
*Street*\_\_\_\_\_  
*City State Zip*

DEA Number \_\_\_\_\_

Manager at Distribution Site \_\_\_\_\_

**TYPE OF OPERATION**

Wholesaler ☐  
 Repackager ☐  
 Manufacturer ☐  
 Distributor ☐

## Affidavit (Must be completed and Notarized)

*To be completed by owner or person in charge*

Are there any charges involving moral turpitude or violation of pharmacy, or any other laws pending against you? Yes ☐ No ☐

(If yes, please explain) \_\_\_\_\_

I do solemnly swear and affirm that I understand the pharmacy laws of Tennessee, and that the information in this application is true and correct to the best of my knowledge, I further attest that this business will comply with all the provisions of the Tennessee Pharmacy Law and Regulations.

Signature \_\_\_\_\_

NOTARY PUBLIC: I attest that the above signature(s) of

\_\_\_\_\_

SEAL

sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

My Commission expires \_\_\_\_\_

Signature \_\_\_\_\_

EVERY BUSINESS LICENSED BY THE BOARD OF PHARMACY MUST POSSESS A COPY OF THE BOARD PUBLICATION WHICH CONTAINS: PHARMACY LAW AND REGULATIONS; TENNESSEE DRUG CONTROL ACT; AND TENNESSEE FOOD, DRUG & COSMETIC ACT (APPLICABLE PARTS ONLY).

Do you possess a TN Law Book Yes ☐ No ☐ If no, you must send \$10.00 for a copy.

**IN-STATE FACILITIES:** REQUIRE AN INSPECTION BEFORE ISSUANCE OF LICENSE.

**OUT-OF-STATE FACILITIES:** REQUIRE THAT A COPY OF THE MOST RECENT INSPECTION BE ENCLOSED WITH THIS APPLICATION AND A COPY OF THE HOME STATE LICENSE.

FOR BOARD USE ONLY:	
FILE# _____	EXACT # _____
LICENSURE DATE _____	LICENSE NUMBER _____
CONTROLLED SUBSTANCES YES <input type="checkbox"/> NO <input type="checkbox"/>	
COMMENTS:	
Law Book Sent <input type="checkbox"/>	